

Please type a plus sign (+) inside this box



Approved for use through 09/30/2000. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

GP 1641 #6 RB 11/16/99

|   |                      |                                   |
|---|----------------------|-----------------------------------|
| <h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p> | Application Number   | 09/261,068                        |
|   | Filing Date          | March 2, 1999                     |
|   | First Named Inventor | Vijay Mahant                      |
|   | Group Art Unit       | 1641                              |
|   | Examiner Name        | G. Gabel                          |
| Total Number of Pages in This Submission  | 4                    | Attorney Docket Number 560.02-US1 |

| ENCLOSURES (check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| Remarks: This Declaration and Power of Attorney is being submitted in response to the Office Action dated July 9, 1999, Paper No. 3.  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                       |
|--|-----------------------|
| Firm or Individual name                    | Robert D. Fish        |
| Signature                                  | <i>Robert D. Fish</i> |
| Date                                       | 10/13/99              |

| CERTIFICATE OF MAILING  |                        |               |
|---|------------------------|---------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 10/15/99 |                        |               |
| Typed or printed name   | Colleen Houston        |               |
| Signature   | <i>Colleen Houston</i> | Date 10/15/99 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



RECEIVED

PATENT  
OCT 20 1999

TECH CENTER 1600/2900

---

**COMBINED DECLARATION AND POWER OF ATTORNEY**

---

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

---

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for an original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

Methods and Apparatus for Separation of Biological Fluids

**SPECIFICATION IDENTIFICATION**

The specification was filed on March 2, 1999, as Serial No. 09/261,068.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

RECEIVED

OCT 20 1999

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. TECH CENTER 1600/2900

Robert D. Fish

David J. Zoeteway



Registration Number 33,880

Registration Number P4525

**AUTHORIZATION OF ATTORNEY(S) TO ACCEPT AND FOLLOW INSTRUCTIONS FROM REPRESENTATIVE**

The undersigned to this declaration and power of practitioner hereby authorizes the U.S. practitioner(s) named herein to accept and follow instructions from

Robert D. Fish  
Crockett & Fish  
1440 N. Harbor Blvd., Ste. 706  
Fullerton, CA 92835

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. practitioner(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. practitioner(s) will be so notified by the undersigned.

---

SEND CORRESPONDENCE TO

Crockett & Fish  
1400 N. Harbor Blvd., Ste. 706  
Fullerton, CA 92835

DIRECT TELEPHONE CALLS TO:

Robert D. Fish  
(714) 449-2337

---

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

Vijay K. Mahant

Inventor's signature

Date 9/29/99

Country of Citizenship US

Residence Murrietta, CA

Post Office Address Qualisys Diagnostics, Inc.  
2042 Corte del Nogal  
Carlsbad, US 92009

■■■■■■

Byron A. Doneen

Inventor's signature

Date 10/1/99

Country of Citizenship US

Residence Laguna Woods, CA

Post Office Address Byron Doneen  
3005 Via Buena Vista  
Laguna Woods, CA 92653